Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Report Identification Information

Part I

HERE

Signature of DFE

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

➤ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2021

This Form is Open to Public Inspection

For cale	ndar plan year 2021 or fisc	al plan year beginning 01/01/2021		and ending 12/31/2021			
A This	return/report is for:	a multiemployer plan		oloyer plan (Filers checking this l mployer information in accordan		ns)	
		X a single-employer plan	a DFE (specify		ice with the form instruction	113.)	
B This	return/report is:	the first return/report	the final return				
		an amended return/report	a short plan ye	ear return/report (less than 12 m	onths)		
C If the	plan is a collectively-barga	ined plan, check here					
D Chec	k box if filing under:	X Form 5558	automatic exte	nsion	the DFVC program		
	-	special extension (enter description	n)		_		
E If this	is a retroactively adopted	plan permitted by SECURE Act section	201, check here	.			
Part II	Basic Plan Inforn	nation—enter all requested informatio	n				
	ne of plan				1b Three-digit plan number (PN) ▶	002	
BRIGH	IAM YOUNG UNIVERSITY	TAX-DEFERRED ANNUITY PLAN			1c Effective date of pl	1	
					09/01/1954		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)					2b Employer Identification Number (EIN) 87-0217280		
BRIGHAM YOUNG UNIVERSITY					2c Plan Sponsor's telephone number 801-422-3861		
D-240 ASB PROVO, UT 84602					2d Business code (se instructions) 611000	е	
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.							
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.							
SIGN	Filed with authorized/valid	l electronic signature.	09/12/2022	STEVEN J HAFEN			
HERE	Signature of plan admir	nistrator	Date	Enter name of individual signing as plan administrator			
SIGN							
HERE	Signature of ample confe	olan enoneor	Date	Enter name of individual size:	ng as amplayar ar plan an	oncer	
	Signature of employer/	oran sponsor	Date	Enter name of individual signi	ng as employer or plan sp	JUI 15UI	
SIGN							

Date

Enter name of individual signing as DFE

Form 5500 (2021) Page **2**

3a	Plan administrator's name and address X Same as Plan Sponsor					3b Administrator's EIN	
						ministrator's telephone mber	
4	If the name and/or EIN of the plan sponsor or the plan name has changed sire enter the plan sponsor's name, EIN, the plan name and the plan number from				4b EII	N	
a c	Sponsor's name Plan Name				4d PN	l	
5 6	Total number of participants at the beginning of the plan year Number of participants as of the end of the plan year unless otherwise stated	l (welfare plan	s con	polete only lines 6a(1).	5	7578	
	6a(2), 6b, 6c, and 6d).	. (Ironalo pian		,p.e.e e,ee ea(1),			
a(1) Total number of active participants at the beginning of the plan year				6a(1)	6717	
a(2) Total number of active participants at the end of the plan year				6a(2)	6755	
b	Retired or separated participants receiving benefits				6b	0	
					6c	960	
С.	Other retired or separated participants entitled to future benefits					7715	
d	Subtotal. Add lines 6a(2), 6b, and 6c				6d		
е	e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.					23	
f	Total. Add lines 6d and 6e.				6f	7738	
g	g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)					1284	
h	Number of participants who terminated employment during the plan year with less than 100% vested				6h	0	
7	Enter the total number of employers obligated to contribute to the plan (only r		•		7		
ва	If the plan provides pension benefits, enter the applicable pension feature coc 2F 2G 2L 2M	des from the L	_ist of	Plan Characteristics Code	s in the	instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare feature code	es from the Li	st of F	Plan Characteristics Codes	in the ir	structions:	
9a	Plan funding arrangement (check all that apply)			arrangement (check all tha	t apply)		
	(1) X Insurance (2) Code section 412(e)(3) insurance contracts	(1) (2)	X	Insurance Code section 412(e)(3) i	nsuranc	e contracts	
	(3) X Trust (3) X Trust						
10	(4) General assets of the sponsor Check all applicable hoves in 10a and 10b to indicate which schedules are at	(4)	where	General assets of the sp		and (See instructions)	
	 10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions) a Pension Schedules b General Schedules 						
а	(1) X R (Retirement Plan Information)	b Genera (1)	ai Sci	H (Financial Inform	nation)		
		(2)		l (Financial Inform	,	Small Plan)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan	(3)	X	1 A (Insurance Inform	mation)		
	actuary	(4)	X	C (Service Provide	r Inform	ation)	
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5)	X	D (DFE/Participating	_		
	Information) - signed by the plan actuary	(6)		G (Financial Trans	action S	chedules)	

	Form 5500 (2021)	Page 3	
Part III	Form M-1 Compliance Information (to be completed by wel	fare benefit plans)	
2520.	11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.)		
11b Is the	plan currently in compliance with the Form M-1 filing requirements? (See instruc	tions and 29 CFR 2520.101-2.)	
Recei	the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan pt Confirmation Code for the most recent Form M-1 that was required to be filed pt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.	under the Form M-1 filing requirements. (Failure to enter a valid	

Receipt Confirmation Code_

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 202	21 or fiscal pla	an year beginning 01/01/2021			and ending 12/31/2021			
A Name of plan					B Three-digit			
BRIGHAM YOUNG UNIV	ERSITY TAX	-DEFERRED ANNUITY PLAN			plan	number (PN))	002
C Plan sponsor's name a	s shown on li	22 of Form 5500			D Emplo	yer Identification Nu	mbor (EINI)
BRIGHAM YOUNG UNIV		le 2a di Fullii 5500				0217280	ilibei (EIIN)
BRIGHAW TOONS ONLY	LKOITI				07	0217200		
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.							
1 Coverage Information:		-				-		
	_							
(a) Name of insurance ca	rrier							
TIAA-CREF								
	() 11110	(1) 0		(e) Approximate nu	mber of	Polic	cy or co	ontract year
(b) EIN	(c) NAIC code	(d) Contract or identification number		persons covered at	end of	(f) From		(g) To
		140111111111111111111111111111111111111		policy or contract	year	(., 110		(9)
13-1624203	69345	103741		934		01/01/2021		12/31/2021
2 Insurance fee and communication descending order of the		nation. Enter the total fees and t	total c	commissions paid. Lis	st in line 3	the agents, brokers,	and of	ther persons in
		nmissions paid			(b) To	otal amount of fees p	aid	
(4) : 014: 0		missione para			(10)	ма: аттошт от тооо р	<u> </u>	
2 Dorono rossiving com	missions and	face (Complete as many entri		nooded to report all r	20,000			
3 Persons receiving com		fees. (Complete as many entrication and address of the agent, broke				iona or food word no		
	(a) Name	and address of the agent, broke	ei, oi	other person to whom	II COITIITIISS	ions or rees were pa	liu	
(b) Amount of sales ar	nd base	Ę	ees a	and other commission	ıs paid			
commissions pai		(c) Amount		(d) Purpose				(e) Organization code
	(a) Name	and address of the agent, broke	er, or	other person to whon	n commiss	ions or fees were pa	iid	
								_
(b) Amount of sales ar			-ees a	and other commission	•			(2) Onne d'estites et l
commissions pai	a	(c) Amount		(d) Purpose	2		(e) Organization code

(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(In) Assessment of a standard the second		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid			COGC
			•
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Francisco de alban accomplication (1)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) No.	me and address of the agent broker	, or other person to whom commissions or fees were paid	
(a) Ivai	The and address of the agent, broker	, or other person to whom commissions or rees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	<u> </u>		1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(-) No.			
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions naid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

I	Part		Salvada a salva a ta salva a s		
		Where individual contracts are provided, the entire group of such individual this report.	idual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	4	75681475	
		ent value of plan's interest under this contract in separate accounts at year e			107363639
_		racts With Allocated Funds:		<u> </u>	
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year			
	d	If the carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount	nnection with the acquisition or	6d	
		Specify nature of costs			
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferre (3) ☐ other (specify) ▶	d annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, check here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	ate participation guarantee		
		(3) X guaranteed investment (4) other			
		(, <u>, , , , , , , , , , , , , , , , , , </u>			
	b	Balance at the end of the previous year		7b	78226229
	С	Additions: (1) Contributions deposited during the year	7c(1)	633296	
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)	2480641	
		(4) Transferred from separate account	7c(4)	799906	
		(5) Other (specify below)	7c(5)		
)			
		(0)7		70(0)	2042042
		(6)Total additions		7c(6)	3913843
		Total of balance and additions (add lines 7b and 7c(6))		7d	82140072
		Deductions:	7-(4)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	6479613	
		(2) Administration charge made by carrier	7e(2)	-21016	
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		>			
		(5) Total deductions		7e(5)	6458597
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			75681475
		. , , , , ,			

Pa	art III Welfare Benefit Contract Information	n				
If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s),						
	the information may be combined for reporting					
	employees, the entire group of such individual	contracts with each carrie	r may be t	reated as a unit for pu	rposes of thi	s report.
8 E	Benefit and contract type (check all applicable boxes)					
	a Health (other than dental or vision)	Dental	с	Vision	(Life insurance
						=
,	e Temporary disability (accident and sickness) f			Supplemental unemp	noyment i	Prescription drug
	i Stop loss (large deductible)	HMO contract	k∐	PPO contract		I Indemnity contract
ı	m ☐ Other (specify) ▶					
	_					
9 E	Experience-rated contracts:					
á	a Premiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpaid		9a(2)			
	(3) Increase (decrease) in unearned premium reserve		9a(3)			
	(4) Earned ((1) + (2) - (3))				9a(4)	0
	b Benefit charges (1) Claims paid		9b(1)	•	• • •	
	(2) Increase (decrease) in claim reserves		9b(2)			
	(3) Incurred claims (add (1) and (2))	<u> </u>			9b(3)	0
	(4) Claims charged				9b(4)	
	C Remainder of premium: (1) Retention charges (on ar			L	. ,	
	(A) Commissions	· · · · · · · · · · · · · · · · · · ·	c(1)(A)			
	(B) Administrative service or other fees		:(1)(B)			
	(C) Other specific acquisition costs		:(1)(C)			
	(D) Other expenses		:(1)(D)			
	(E) Taxes	0	:(1)(E)			
	(F) Charges for risks or other contingencies		:(1)(F)			
	(G) Other retention charges		:(1)(G)			
	(H) Total retention				9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These am			.	9c(2)	
	d Status of policyholder reserves at end of year: (1) An			1	9d(1)	
	(2) Claim reserves	•			9d(2)	
	(3) Other reserves				9d(3)	
	e Dividends or retroactive rate refunds due. (Do not in			.	9e	
10	Nonexperience-rated contracts:			,		
	Total premiums or subscription charges paid to carrie	er			10a	
	b If the carrier, service, or other organization incurred a			•		
	retention of the contract or policy, other than reported	d in Part I, line 2 above, re	eport amo	unt	10b	
5	Specify nature of costs.			•		
Pa	art IV Provision of Information					
	Did the insurance company fail to provide any information	n necessary to complete	Schedule	A?	Yes	No
	If the answer to line 11 is "Yes," specify the information in		50.100010			<u> </u>

SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

For calendar plan year 2021 or fiscal plan year beginning

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

01/01/2021

and ending

12/31/2021

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

A Name of plan BRIGHAM YOUNG UNIVERSITY TAX-DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) 002				
	p				
C Plan sponsor's name as shown on line 2a of Form 5500 BRIGHAM YOUNG UNIVERSITY	D Employer Identification Number (EIN) 87-0217280				
Part I Service Provider Information (see instructions)					
You must complete this Part, in accordance with the instructions, to report the informa or more in total compensation (i.e., money or anything else of monetary value) in conn plan during the plan year. If a person received only eligible indirect compensation for answer line 1 but are not required to include that person when completing the remaind	nection with services rendered to the plan or the person's position with the which the plan received the required disclosures, you are required to				
1 Information on Persons Receiving Only Eligible Indirect Compe					
a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder indicate sempenation for which the plan received the required displaying (see instruc-					
indirect compensation for which the plan received the required disclosures (see instruc	ctions for definitions and conditions)				
b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).					
(b) Enter name and EIN or address of person who provided ye	ou disclosures on eligible indirect compensation				
TIAA					
13-1624203					
(b) Enter name and EIN or address of person who provided ye	ou disclosures on eligible indirect compensation				
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation					
4.) -					
(b) Enter name and EIN or address of person who provided y	ou disclosures on eligible indirect compensation				

Schedule C (Form 5500) 2021	Page 2-	1
20100010 0 (1 0111 0000) 2021	1 ago -	
(h) Falsa and FIN and House (a	and a substitution of the decree of the decr	
(b) Enter name and EIN or address of p	erson who provided you disclosur	es on eligible indirect compensation
(b) Enter name and EIN or address of p	erson who provided you disclosur	res on eligible indirect compensation
(b) Lino hand and Lin or address of p	order wite provided you disclose	oo on ongisto indirect compensation
(b) Enter name and EIN or address of p	erson who provided you disclosur	res on eligible indirect compensation
• • • • • • • • • • • • • • • • • • • •		· ·
(b) Enter name and EIN or address of p	erson who provided you disclosur	res on eligible indirect compensation
(b) Enter name and EIN or address of p	erson who provided you disclosur	res on eligible indirect compensation
(b) Enter name and EIN or address of p	erson who provided you disclosur	res on eligible indirect compensation
(L) =		
(b) Enter name and EIN or address of p	erson who provided you disclosur	res on eligible indirect compensation
(b) Enter name and EIN or address of p	orean who provided you disales	ros on eligible indirect componention
(b) Enter flame and Env or address of p	erson who provided you disclosul	es on engine mairect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).							
	(a) Enter name and EIN or address (see instructions)						
VERAPAT	VERAPATH GLOBAL INVESTING 380 N 200 W STE 102 BOUNTIFUL, UT 84010-7153						
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?	
27	ADVISOR	6900	Yes No X	Yes No		Yes No	
		(a) Enter name and EIN or	address (see instructions)			
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?	
			Yes No	Yes No		Yes No	
		(a) Enter name and EIN or	address (see instructions)			
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?	
			Yes No	Yes No		Yes No	

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answered	2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).									
	(a) Enter name and EIN or address (see instructions)									
(b)	(c)	(d)	(e)	(f)	(g)	(h)				
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	lationship to byer, employee anization, or in known to be Enter direct compensation paid by the plan. If none, on the known to be enter -0 Enter direct compensation provider receive indirect compensation? (sources other than plan or plan plan received the required enter -0				Did the service provider give you a formula instead of an amount or estimated amount?				
			Yes No	Yes No		Yes No				
		(a) Enter name and EIN or	address (see instructions)						
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?				
			Yes No	Yes No		Yes No				
		(a) Enter name and EIN or	address (see instructions)						
(b) Service Code(s)	Service Relationship to Enter direct Did service provider Did indirect compensation Enter total indirect					(h) Did the service provider give you a formula instead of an amount or estimated amount?				
			Yes No	Yes No No		Yes No				

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensatio or provides contract administrator, consulting, custodial, investment advisory, investment manage questions for (a) each source from whom the service provider received \$1,000 or more in indirect provider gave you a formula used to determine the indirect compensation instead of an amount or many entries as needed to report the required information for each source.	ment, broker, or recordkeeping compensation and (b) each so	g services, answer the following urce for whom the service
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.

Part II Service Providers Who Fail or Refuse to 4 Provide, to the extent possible, the following information for ea								
this Schedule.								
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide						
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide						
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide						
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide						
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide						
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide						

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Pa	Termination Information on Accountants and Er (complete as many entries as needed)	nrolled Actuaries (see instructions)
а	Name:	b EIN:
C	Position:	
d	Address:	e Telephone:
Ex	planation:	
а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:
		·
Ex	planation:	
а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:
-		
Ex	planation:	·
а	Name:	b EIN:
c	Position:	
d	Address:	e Telephone:
-	, adiooc.	• recognisine.
Ex	planation:	·
	•	
a	Name:	b EIN:
C	Position:	D LIIV.
d	Address:	e Telephone:
u	Audiess.	с тетерноне.
	planation:	
ΕX	pianation.	

SCHEDULE D (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

	<u> </u>		•	
For calendar plan year 2021 or fiscal	olan year beginning	01/01/2021 and	d ending 12/31/2021	
A Name of plan			B Three-digit	
BRIGHAM YOUNG UNIVERSITY TA	X-DEFERRED ANNUI	TY PLAN	plan number (PN)	002
C Plan or DFE sponsor's name as she	own on line 2a of Form	n 5500	D Employer Identification Number (EIN)	
BRIGHAM YOUNG UNIVERSITY			87-0217280	
Part I Information on inter	ests in MTIAs, CC	Ts, PSAs, and 103-12 IEs (to be co	mpleted by plans and DFEs)	
(Complete as many	entries as needed	to report all interests in DFEs)	,	
a Name of MTIA, CCT, PSA, or 103-	12 IE: TIAA REAL E	STATE		
		-		
b Name of sponsor of entity listed in	(a): TIAA-CREF			
	d Catitu	• Dellar value of interest in MTIA CCT F	DCA or	
C EIN-PN 13-1624203-004	d Entity P	e Dollar value of interest in MTIA, CCT, F 103-12 IE at end of year (see instruction)		655
	Code	100 12 1E at cha of year (see instruction	110)	
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
b Name of sponsor of entity listed in	(a):			
	d Entity	e Dollar value of interest in MTIA, CCT, F	2SA or	
C EIN-PN	code	103-12 IE at end of year (see instruction		
	•			
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
Bar e e e e e e e e e e e e e e e e e e e	()			
b Name of sponsor of entity listed in	(a):			
	d Entity	e Dollar value of interest in MTIA, CCT, F	PSA or	
C EIN-PN	code	103-12 IE at end of year (see instruction		
a N. (MTIA COT DOA 100	40.15			
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
b Name of sponsor of entity listed in	(a):			
b Name of sponsor of entity listed in	(a).			
C EIN-PN	d Entity	e Dollar value of interest in MTIA, CCT, F	PSA, or	
C LIN-FIN	code	103-12 IE at end of year (see instruction	ins)	
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
a Name of Witta, CCT, FSA, of 103-	12 1L.			
b Name of sponsor of entity listed in	(a):			
	(\$).			
C EIN-PN	d Entity	e Dollar value of interest in MTIA, CCT, F	•	
	code	103-12 IE at end of year (see instruction	ns)	
a Name of MTIA, CCT, PSA, or 103-	12 IF:			
<u>a rame et man, ce i, i e, ci iee</u>				
b Name of sponsor of entity listed in	(a):			
	1			
C EIN-PN	d Entity	e Dollar value of interest in MTIA, CCT, F	·	
	code	103-12 IE at end of year (see instruction	ns)	
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
b Name of sponsor of entity listed in	(a):			
	late o		20.4	
C EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, F 103-12 IE at end of year (see instruction	·	
	LUU U	I 100-12 IL at GIIU UI YGAI (SEC IIISHUUHU	וטו	

Schedule D (Form 5500) 2	2021	Page 2 - 1
a Name of MTIA, CCT, PSA, or 103	3-12 IE:	
b Name of sponsor of entity listed in	າ (a):	
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103	3-12 IE:	
b Name of sponsor of entity listed in	າ (a):	
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103	3-12 IE:	
b Name of sponsor of entity listed in	າ (a):	
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103	3-12 IE:	
b Name of sponsor of entity listed in	າ (a):	
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103	3-12 IE:	
b Name of sponsor of entity listed in	າ (a):	
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103	3-12 IE:	
b Name of sponsor of entity listed in	າ (a):	
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103	3-12 IE:	
b Name of sponsor of entity listed in	າ (a):	
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103	3-12 IE:	
b Name of sponsor of entity listed in	າ (a):	

e Dollar value of interest in MTIA, CCT, PSA, or

103-12 IE at end of year (see instructions)

e Dollar value of interest in MTIA, CCT, PSA, or

103-12 IE at end of year (see instructions)

e Dollar value of interest in MTIA, CCT, PSA, or

103-12 IE at end of year (see instructions)

d Entity

d Entity

d Entity

code

code

code

C EIN-PN

C EIN-PN

C EIN-PN

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

F	Part II	Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)	
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b 	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
а	Plan na	me	
b	Name o		C EIN-PN
	Plan na		
b	Name o		C EIN-PN
	Plan na		
b	Name o		C EIN-PN
	Plan na		
b	Name o		C EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

and ending

12/31/2021

7083986

126312833

78226229

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

A Name of plan			В	Three-digit		
BRIGHAM YOUNG UNIVERSITY TAX-DEFERRED ANNUITY PLAN				plan number (PN) •	002
						<u>.</u>
C Plan sponsor's name as shown on line 2a of Form 5500			D	Employer Identific	ation Number (EIN)
BRIGHAM YOUNG UNIVERSITY				87-0217280		
Part I Asset and Liability Statement						
1 Current value of plan assets and liabilities at the beginning and end of the plan						
the value of the plan's interest in a commingled fund containing the assets of lines 1c(9) through 1c(14). Do not enter the value of that portion of an insuran						
benefit at a future date. Round off amounts to the nearest dollar. MTIAs, 0	CCTs, PSAs, a	nd 103-12				
and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. Se	ee instructions			1		
Assets		(a) B	eginr	ning of Year	(b) End	of Year
a Total noninterest-bearing cash	1a					
b Receivables (less allowance for doubtful accounts):						
(1) Employer contributions	1b(1)					
(2) Participant contributions	1b(2)					
(3) Other	1b(3)					
c General investments:						
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)					
(2) U.S. Government securities	1c(2)					
(3) Corporate debt instruments (other than employer securities):						
(A) Preferred	1c(3)(A)					
(B) All other	1c(3)(B)					
(4) Corporate stocks (other than employer securities):						
(A) Preferred	1c(4)(A)					
(B) Common	1c(4)(B)					
(5) Partnership/joint venture interests	1c(5)					
(6) Real estate (other than employer real property)	1c(6)					
(7) Loans (other than to participants)	1c(7)					
(8) Participant loans	1c(8)					

1c(9)

1c(10)

1c(11)

1c(12)

1c(13)

1c(14)

1c(15)

(9) Value of interest in common/collective trusts.....

(10) Value of interest in pooled separate accounts

(11) Value of interest in master trust investment accounts.....

(15) Other.....

contracts).....

8183655

135024852

75681475

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	211623048	218889982
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets	·		
Net assets (subtract line 1k from line 1f)	11	211623048	218889982

Part II Income and Expense Statement

Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	1148345	
	(C) Others (including rollovers)	2a(1)(C)	489945	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		1638290
b	Earnings on investments:			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	2480641	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2480641
	(2) Dividends: (A) Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a	a) Amount		(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)				
(7) Net investment gain (loss) from pooled separate accounts	2b(7)				1270712
(8) Net investment gain (loss) from master trust investment accounts	2b(8)				
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)				
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)				20708873
C Other income					80562
d Total income. Add all income amounts in column (b) and enter total					26179078
Expenses					
Benefit payment and payments to provide benefits:					
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		189	12144	
(2) To insurance carriers for the provision of benefits	2e(2)				
(3) Other	2e(3)				
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)				18912144
f Corrective distributions (see instructions)					
g Certain deemed distributions of participant loans (see instructions)	2g				
h Interest expense	-				
i Administrative expenses: (1) Professional fees	2i(1)				
(2) Contract administrator fees	2i(2)				
(3) Investment advisory and management fees	2i(3)				
(4) Other	2i(4)				
(5) Total administrative expenses. Add lines 2i(1) through (4)	21/=>				0
j Total expenses. Add all expense amounts in column (b) and enter total					18912144
Net Income and Reconciliation					10912144
	2k				7066024
k Net income (loss). Subtract line 2j from line 2d					7266934
(1) To this plan	21(1)				
(2) From this plan	21(2)				
(2) From this plan					
Part III Accountant's Opinion					
3 Complete lines 3a through 3c if the opinion of an independent qualified public attached.	accountant	is attached to	this Form	5500. Co	mplete line 3d if an opinion is not
a The attached opinion of an independent qualified public accountant for this pla	an is (see ins	structions):			
(1) Unmodified (2) Qualified (3) Disclaimer (4)	Adverse				
b Check the appropriate box(es) to indicate whether the IQPA performed an ER performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d).	. Check box	(3) if pursuar	nt to neithe	r.	· , · , · ,
(1) X DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3)	neither D	OL Regulation	on 2520.10	3-8 nor D	OL Regulation 2520.103-12(d).
c Enter the name and EIN of the accountant (or accounting firm) below:					
(1) Name: BDO USA, LLP		(2) EIN:	13-538159	90	
d The opinion of an independent qualified public accountant is not attached bec		_			
(1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attact	hed to the n	ext Form 550	0 pursuant	to 29 CF	R 2520.104-50.
Part IV Compliance Questions					
4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete		e lines 4a, 4e	e, 4f, 4g, 4h	, 4k, 4m,	4n, or 5.
During the plan year:		_	Yes	No	Amount
Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction	prior year fa		4a	X	
	· /	_			

Page 4 -

Schedule H (Form 5500) 2021

			Yes	No	Amou	ınt
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
е	Was this plan covered by a fidelity bond?	4e	X			1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
ı	Has the plan failed to provide any benefit when due under the plan?	41		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n				
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?	s X	No			
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	ntify t	he plan	(s) to w	hich assets or liabil	lities were
	5b(1) Name of plan(s)				5b(2) EIN(s)	5b(3) PN(s)
i	Vas the plan a defined benefit plan covered under the PBGC insurance program at any time during this instructions.) "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan y	🛚	-	`	RISA section 4021 a	

SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

mployee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

		The second secon					
Fo	r calendar	plan year 2021 or fiscal plan year beginning 01/01/2021 and en	ding	12/31/	2021		
	A Name of plan B Three-digit						
BRIGHAM YOUNG UNIVERSITY TAX-DEFERRED ANNUITY PLAN plan number					er	000	
				(PN)	<u> </u>	002	
		sor's name as shown on line 2a of Form 5500	D	Employer Id	entifica	ation Number (EI	N)
BF	RIGHAM Y	OUNG UNIVERSITY		87-0217280)		
ı	Part I	Distributions					
All	reference	s to distributions relate only to payments of benefits during the plan year.					
1	Total va	lue of distributions paid in property other than in cash or the forms of property specified in the					_
•		one of distributions paid in property other than in cash of the forms of property specified in the		1			0
2	Enter the	EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries durin	a the	vear (if mor	e than	two enter FINs	of the
_		ors who paid the greatest dollar amounts of benefits):	g uio	your (ii iiioi	C triair	two, criter Enve	or tito
	EIN(s):	82-2826183					
	` ,						
	Profit-si	naring plans, ESOPs, and stock bonus plans, skip line 3.					
3	Number	of participants (living or deceased) whose benefits were distributed in a single sum, during the	plan	3			
	•						
F	Part II	Funding Information (If the plan is not subject to the minimum funding requirements	of sec	ction 412 of t	he Inte	ernal Revenue Co	ode or
_		ERISA section 302, skip this Part.)			.,	п.	
4	Is the pla	n administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?		∐	Yes	No	× N/A
	If the pla	an is a defined benefit plan, go to line 8.					
5	If a waiv	er of the minimum funding standard for a prior year is being amortized in this					
	plan yea	r, see instructions and enter the date of the ruling letter granting the waiver.		Da	y	Year	
	If you	completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the re	main	der of this	sched	ule.	
6	a Ente	r the minimum required contribution for this plan year (include any prior year accumulated fundi	ng	6a			
	defic	iency not waived)		04			
	b Ente	r the amount contributed by the employer to the plan for this plan year		6b			
	C Subt	ract the amount in line 6b from the amount in line 6a. Enter the result					
		er a minus sign to the left of a negative amount)		6с			
	If you c	ompleted line 6c, skip lines 8 and 9.					
7	Will the n	ninimum funding amount reported on line 6c be met by the funding deadline?			Yes	No	N/A
8	If a char	nge in actuarial cost method was made for this plan year pursuant to a revenue procedure or ot	hor				
U		providing automatic approval for the change or a class ruling letter, does the plan sponsor or providing automatic approval for the change or a class ruling letter, does the plan sponsor or providing automatic approval for the change or a class ruling letter, does the plan sponsor or providing automatic approval for the change or a class ruling letter, does the plan sponsor or providing automatic approval for the change or a class ruling letter, does the plan sponsor or providing automatic approval for the change or a class ruling letter.		П		п.,	п
		trator agree with the change?			Yes	No	U N/A
F	art III	Amendments					
9	If this is	a defined benefit pension plan, were any amendments adopted during this plan					
		t increased or decreased the value of benefits? If yes, check the appropriate				п	п
	box. If n	o, check the "No" box.	se	Decre	ease	Both	∐ No
P	art IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of tl	ne Internal R	levenu	e Code, skip this	Part.
10	Were u	nallocated employer securities or proceeds from the sale of unallocated securities used to repa	y any	exempt loa	n?	Yes	No
11	a Do	es the ESOP hold any preferred stock?				Yes	No
••		ne ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "b					
		ee instructions for definition of "back-to-back" loan.)				Yes	No
12	Does th	e ESOP hold any stock that is not readily tradable on an established securities market?				Yes	No
14							

Pa	rt V	Additional Information for Multiemployer Defined Benefit Pension Plans					
13		the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in					
		lars). See instructions. Complete as many entries as needed to report all applicable employers.					
		Name of contributing employer					
	_	EIN C Dollar amount contributed by employer					
		Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
		Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name of contributing employer					
	b	EIN C Dollar amount contributed by employer					
		Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
		Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name of contributing employer					
		EIN C Dollar amount contributed by employer					
		Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box					
		and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
		Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name of contributing employer					
	b	EIN C Dollar amount contributed by employer					
		Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year Year					
		Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	a	Name of contributing employer					
	_	EIN C Dollar amount contributed by employer					
		Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	а	Name of contributing employer					
	b	EIN C Dollar amount contributed by employer					
		Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
		Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):					

D	4
Page	,

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:				
	a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	14a			
	b The plan year immediately preceding the current plan year. Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b			
	C The second preceding plan year. Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c			
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to material employer contribution during the current plan year to:	ake an			
	a The corresponding number for the plan year immediately preceding the current plan year	15a			
	b The corresponding number for the second preceding plan year	15b			
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:				
		16a			
	a Enter the number of employers who withdrew during the preceding plan year				
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b			
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, or	check box and s	ee instructions regarding		
	supplemental information to be included as an attachment				
Р	art VI Additional Information for Single-Employer and Multiemployer Defined Benef	it Pension F	Plans		
18	8 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental				
	information to be included as an attachment.				
19	9 If the total number of participants is 1,000 or more, complete lines (a) through (c) a				
20	BGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: Yes. No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. No. Other. Provide explanation				

Brigham Young University Tax-Deferred Annuity Plan

Financial Statements and Supplemental Schedule As of December 31, 2021 and 2020 and For the Year Ended December 31, 2021



Brigham Young University Tax-Deferred Annuity Plan

Financial Statements and Supplemental Schedule As of December 31, 2021 and 2020 And for the Year Ended December 31, 2021

Brigham Young University Tax-Deferred Annuity Plan

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Independent Auditor's Report

To the Plan Administrator Brigham Young University Tax-Deferred Annuity Plan Provo, Utah

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We were engaged to perform audits of the financial statements of Brigham Young University Tax-Deferred Annuity Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from qualified institutions as of December 31, 2021 and 2020, and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

Prior to January 1, 2009, records were maintained at a contract, not a plan level; therefore, management has not maintained, and TIAA and CREF did not provide sufficient accounting records and supporting documentation relating to certain annuity contracts and custodial accounts issued to current and former employees, and supporting documentation is not adequate to assure the completeness and accuracy of the amounts included in the financial statements. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the financial statements have been affected by these conditions.

BDO USA, LLP, a Delaware limited liability partnership, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.



Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP), and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for administering the Plan and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America (GAAS) and to issue an auditor's report. However, because of the matter described in the *Basis for Disclaimer of Opinion* section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

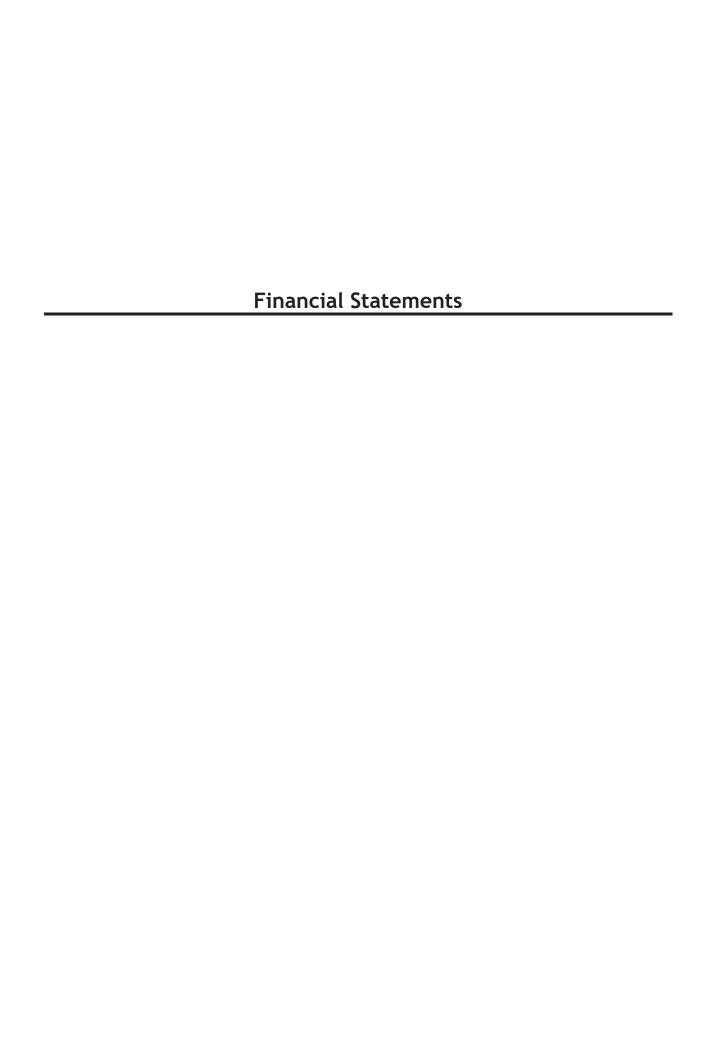
We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Other Matter -Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

September 8, 2022

BDO USA, UP



Brigham Young University Tax-Deferred Annuity Plan

Statements of Net Assets Available for Benefits

December 31,	2021	2020
Assets		
Investments Investments, at fair value Investments, at contract value	\$ 167,203,588 51,686,394	\$ 158,735,065 52,887,983
Net Assets Available for Benefits	\$ 218,889,982	\$ 211,623,048

See accompanying notes to financial statements.

Brigham Young University Tax-Deferred Annuity Plan

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31,	2021
Additions	
Investment income Net appreciation in fair value of investments, net Interest and dividends Other income	\$ 20,001,609 4,451,717 87,462
Total investment income, net	24,540,788
Contributions Participant Participant rollovers	1,148,345 489,945
Total contributions	1,638,290
Total additions	26,179,078
Deductions	
Benefits paid to participants Transfers to another plan Administrative expenses	18,876,888 28,356 6,900
Total deductions	18,912,144
Net increase in net assets available for benefits	7,266,934
Net assets available for benefits, beginning of year	211,623,048
Net assets available for benefits, end of year	\$ 218,889,982

See accompanying notes to financial statements.

Tax-Deferred Annuity Plan

Notes to the Financial Statements

1. Description of the Plan

The following description of the Brigham Young University Tax-Deferred Annuity Plan (the Plan) provides only summarized information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of Brigham Young University (the Employer or Plan Sponsor). Eligible employees are those who have been officially hired by the Employer, with the exception of non-resident aliens and certain student employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA) and Section 403(b) of the Internal Revenue Code (IRC).

Custodian, Issuer and Administration of the Plan

The recordkeeper of the Plan is Teachers Insurance Annuity Association of America (TIAA). The custodians and issuer of the insurance products held in the Plan are TIAA and CREF and TIAA, FSB (collectively, TIAA-CREF). The administrator of the Plan is the Employer. TIAA-CREF holds all assets of the Plan in accordance with the provisions of the service provider agreement with the Plan Sponsor.

Contributions

Each year, participants may elect to defer up to 100% of pre-tax annual compensation, as defined in the Plan document, subject to limits established by the Internal Revenue Service (IRS). Participants who have attained the age of 50 before the close of the Plan year may make "catchup" contributions, also subject to limits established by the IRS. Participant contributions may also include, without limitation, transfers from other qualified defined benefit or defined contribution plans.

Vesting and Payment of Benefits

Participants are immediately vested in their contributions, adjusted for investment earnings and changes in investment values allocated thereto.

On termination of service, participants have the option of receiving a single lump-sum cash payment of benefits or an installment payment of benefits over a period of time not more than a single participant's single life annuity with a ten-year guaranteed period or a married participant's qualified joint and survivor annuity. Certain investments are subject to annual installment payments over a period of time as further described in Note 4, *Fair Value Measurements*. Payment of benefits may begin after the earliest of the following events: death or other severance of employment, disability, attainment of retirement age (65), attainment of age 59 ½, eligibility for a Qualified Reservist Distribution or termination of the Plan subject to Treasury Regulation 1.403(b)-10.

Notes Receivable from Participants

The Plan does not allow for notes receivable from participants.

Tax-Deferred Annuity Plan

Notes to the Financial Statements

An employee may initiate a note with TIAA using their account balance as collateral for the note and their account is not reduced by the outstanding note balance. The repayments on these notes are made directly from the participant to TIAA. Notes transacted directly between the participant and TIAA using the participant balance as collateral are not considered an asset of the Plan and are not reported in the accompanying Statements of Net Assets Available for Benefits. As of December 31, 2021 and 2020 there were no active outstanding notes receivable under this type of arrangement but there were \$49,714 and \$47,716, respectively, in deemed distributed loans that are currently being held as collateral and included in the Plan Loan Default Fund. Beginning January 1, 2022, TIAA will no longer issue collateralized loans.

Participants' Accounts

Each participant's account is credited with the participant's transferred in and rollover contributions, participant contributions, and an allocation of net plan investment earnings and losses, and charged with distributions and expenses. The investment earnings or losses are allocated to each participant's account in the proportion that the balance of each participant's account bears to the total balance of all participants in each investment option. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investment of their account balance into various investment options offered by the Plan and may change their investment options at any time.

2. Summary of Significant Accounting Policies

Annual Reporting Requirements

Prior to January 1, 2009, TIAA and CREF maintained records at a contract, not Plan, level and administratively decided not to provide accounting records and supporting documentation at the participant or plan level relating to certain annuity and custodial accounts issued to current and former employees. As such, neither the Plan sponsor nor TIAA and CREF have been able to produce sufficient records and supporting documents relating to certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009. As a result, the completeness and accuracy of the annuity and custodial accounts, related investment income, and distributions related to these accounts, if any, could not be determined.

Basis of Accounting

The Plan's financial statements are prepared on an accrual basis, pursuant to applicable accounting principles generally accepted in the United States (GAAP).

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Tax-Deferred Annuity Plan

Notes to the Financial Statements

Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Employer determines the Plan's valuation policies from information provided by TIAA.

GAAP provides a fair value hierarchy that prioritizes inputs to valuation techniques used to measure estimated fair value. Estimated fair value measurement within levels 1-3 of the fair value hierarchy set forth in GAAP is based on the lowest level of input that is significant to the estimate. GAAP requires that valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs.

The estimated fair values of registered investment companies (mutual funds) are based on quoted market prices (level 1 inputs). The estimated fair value of the non-fully benefit-responsive portion of the insurance company general account is calculated by discounting future cash flows based on the contract's expected yield (level 3 inputs). The contract value of fully benefit-responsive investment contracts represents accumulated contributions, adjusted for investment income, changes in investment value, benefits paid to the participant and administrative expense. The contract value is the relevant measurement attribute for the portion of net assets available for benefits in a defined-contribution plan attributable to fully benefit-responsive investment contracts, because contract value is the amount that participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Purchases and sales of investments are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses for investments bought and sold as well as held during the year.

Contributions

Participant contributions are recognized in the period during which the Employer makes payroll deductions from the participant's compensation.

Payment of Benefits

Benefit payments are recorded as deductions when paid. At December 31, 2021, there were no benefits requested that had not been paid.

Administrative Expense

Certain costs of administering the Plan and investment services are charged to participants by netting the expense ratio with the return of the individual investment. The expense ratios of the investments ranged from 0.30% to 1.20% for the year ended December 31, 2021. Net appreciation or depreciation in the fair value of investments as shown in the accompanying Statement of Changes in Net Assets Available for Benefits is net of such expenses, which amounted to \$845,573 for the year ended December 31, 2021. Revenue sharing is rebated to the Plan to defray investment expenses. \$87,463 of revenue sharing rebates were credited to the Plan for the year ended December 31, 2021 and are presented as Other Income on the Statement of Changes in Net Assets Available for Benefits. Investment advisory fees of \$6,900 were charged to the Plan for the year ended December 31, 2021. All other costs of administering the Plan are paid by the Employer and are excluded from these financial statements.

Tax-Deferred Annuity Plan

Notes to the Financial Statements

Income Taxes

The Plan is exempt from federal income tax. However, GAAP requires the Plan Administrator to evaluate any tax positions taken by the Plan. In the unlikely event any income tax, related penalty and/or interest, including relative to uncertain tax positions (as defined in GAAP) taken by the Plan, are deemed probable of assessment, the Plan will record them as administrative expense.

3. Certified Investment Information

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, TIAA and CREF, qualified institutions, have certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Investments as shown in the statements of net assets available for benefits as of December 31, 2021 and 2020;
- Investment income, net as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2021; and
- Investment information included in the Schedule H, Line 4i Schedule of Assets (Held at End of Year) as of December 31, 2021, as shown on the ERISA-required supplemental schedule.

At the request of the Plan Administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing the certified investment information with the related information presented and disclosed in the financial statements and supplemental schedule, reading the disclosures relating to the investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP and whether the supplemental schedules are in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
 - quoted prices for similar assets or liabilities in active markets;
 - quoted prices for identical or similar assets or liabilities in inactive markets;
 - inputs other than quoted prices that are observable for the asset or liability;

Tax-Deferred Annuity Plan

Notes to the Financial Statements

• inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified contractual term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2021 and 2020.

Fixed Annuity Contracts: The non-fully benefit responsive ("NFBR") fixed annuity contracts composed of the TIAA Traditional Annuity Contracts, are reported at fair value which approximates contract value. Fair value is determined using a discounted cash flow model. The contract value equals the accumulated cash contributions and interest credited to the Plan's contracts, less withdrawals. The TIAA Traditional Annuity Contracts are not available for sale or transfer on any securities exchange. The fixed annuity accounts are subject to various restrictions. See further information below.

Pooled Separate Account: Units held in the pooled separate account ("PSA") are valued at the net asset value ("NAV") based on the fair market value of the underlying investments of the account less its liabilities. The NAV, as provided by TIAA and CREF, is used as a practical expedient to estimate fair value. The PSA holds between 15 percent and 25 percent of its net assets in investments other than real estate and real estate related investments, comprised of publicly traded, liquid investments. Determination of fair value of the real estate assets involves significant judgment. Valuation of the PSA's real estate properties are based on real estate appraisals, which are estimates of property values based on a professional's opinion and may not be accurate predictors of the amount the PSA would actually receive if it sold a property. Appraisals can be subjective in certain respects as they rely on a variety of assumptions (including comparable property sales and historic pricing) and conditions at that property or in the market in which the property is located, which may change materially after the appraisal is conducted. Among other things, market price for comparable real estate may be volatile, particularly if there has been a lack of recent transaction activity in such market.

Further, as the PSA generally obtains appraisals on a quarterly basis, there may be circumstances in the period between appraisals or interim valuation adjustments in which the true realizable value of a property is not reflected in the PSA's daily net asset value calculation or in the PSA's periodic financial statements. This disparity may be more apparent when the commercial and/or residential real estate markets experience an overall and possibly dramatic decline (or increase) in property values in a relatively short period of time between appraisals.

The PSA provides participants with a liquidity guarantee enabling the account to have funds available to meet participant redemptions, transfers, or cash withdrawals. TIAA guarantees that the participants can redeem their accumulated unit value determined after their transfer or cash withdrawal request is received in good order.

Tax-Deferred Annuity Plan

Notes to the Financial Statements

TIAA and CREF limited the ability of participants to transfer funds into the TIAA Real Estate Account. Specifically, individual participants are limited from making internal transfers into their account if, after giving effect to such transfer, the total value of such participant's account (under all contracts issued to such participant) would exceed \$150,000. A participant is not required to reduce his or her contract balance to a level at or below \$150,000 if the participant's account totals more than \$150,000.

Registered Investments

Mutual Funds: Mutual funds represent investments with investment managers. The mutual funds are valued at the daily closing NAV as reported by the fund. Mutual funds held by the Plan are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Other registered investments: These investments are registered investments that invest principally in equity securities, fixed-income instruments and short-term investments in accordance with each portfolio's investment objectives. Units held in the registered investments are valued at NAV. The NAV, as provided by TIAA and CREF, is used as a practical expedient to estimate fair value. The NAV is measured based on the fair value of the underlying investments held by the fund less its liabilities. The fair values of the underlying investments are determined using market quotations or prices obtained from independent pricing sources that employ various pricing methods to value the investments including matrix pricing. Money market account holdings are generally valued at amortized cost. On a daily basis, units in these investments are revalued to reflect performance of the underlying investments minus any fees and charges.

Investments measured at the NAV as a practical expedient are summarized as follows:

	Fair Value at December 31 2021		Fair Value at December 31, 2020			Redemption Frequency	Redemption Notice Period
Multi-Asset (a)	\$ 7,372,173	Ş	6,958,326	Ş	-	Daily	None
Equities (b)	80,941,346		82,499,588		-	Daily	None
Fixed Income (c)	8,682,614		10,003,502		-	Daily	None
Money Market (d)	2,183,849		2,896,209		-	Daily	None
Real Estate (e)	8,183,655		7,083,986		-	Daily	None
Total investments measur NAV as practical expedi		\$	109,441,611	\$	-		

The investment objectives for the other registered investments measured using the net asset value are as follows:

- (a) Multi-asset: This fund primarily invests in domestic common stocks, mortgage-backed securities and municipal bonds that meet certain social criteria including specified environmental, social, and governance criteria.
- (b) Equities: These investments are primarily invested in domestic and foreign common stocks to meet a specified favorable long-term rate of return.

Tax-Deferred Annuity Plan

Notes to the Financial Statements

- (c) Fixed income: These investments are primarily invested in U.S. Treasury securities and mortgage-backed securities with high income yields, returns that are expected to outpace inflation or returns that are designed to track a specified inflation index.
- (d) Money market: These investments are primarily invested in commercial paper, foreign government bonds, U.S. Government fixed income securities, U.S. Treasury debt and variable rate securities.
- (e) Real Estate: The investment objective of the TIAA Real Estate Account, the PSA offered by the Plan, is to seek long-term returns primarily through rental income and appreciation of real estate owned by the account.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's fair value measurements:

December 31, 2021		Total		Level 1	Level 2	Level 3
Fixed annuity contracts (NFBR) Mutual funds	\$	23,995,081 35,844,870	_	- 35,844,870	\$ -	\$ 23,995,081
<u>Total</u>		59,839,951	\$	35,844,870	\$ -	\$ 23,995,081
Investments measured at NAV as the practical expedient*		107,363,637				
Total investments at fair value	\$	167,203,588				
December 31, 2020		Total		Level 1	Level 2	Level 3
Fixed annuity contracts (NFBR) Mutual funds	\$	25,290,533 24,002,921	ç	; - 24,002,921	\$ -	\$ 25,290,533
Total		49,293,454	Ç	5 24,002,921	\$ -	\$ 25,290,533
Investments measured at NAV as the practical expedient*		109,441,611				
Total investments at fair value	\$	158,735,065				

^{*} Certain investments that are measured at fair value using the NAV per share practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

Tax-Deferred Annuity Plan

Notes to the Financial Statements

Changes in Fair Value of Level 3 Assets

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes to economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

The following table sets forth a summary of certain changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2021:

December 31, 2021	Fixed Annuity Contracts
Purchases	\$ 633,296
Issuances	-
Transfers in	799,906
Transfers out	\$ (6,458,597)

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

Instrument	Fair Value 12/31/2021	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
TIAA Traditional Annuity	\$ 23,995,081	Discounted cash flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	3%-3.90%
	Fair Value	Principal Valuation	Unobservable	Range of Significant
Instrument	12/31/2020	Technique	Inputs	Input Values

Fixed Annuity Contracts

As discussed above, fixed annuity contracts consist of investment options available to participants known as the TIAA Traditional Annuity Contracts ("Annuity"). Annuity contracts are established between the participants and TIAA, an insurance company registered in the state of New York. This investment option is offered in a variety of formats, including Retirement Annuities ("RA"), Retirement Choice ("RC"), Supplemental Retirement Annuities ("SRA"), Group Supplemental

Tax-Deferred Annuity Plan

Notes to the Financial Statements

Retirement Annuities ("GSRA") and Retirement Choice Plus ("RCP"). The return of Annuity contributions plus interest to participants is subject to TIAA's claims-paying ability. Annuity accounts are credited with a guaranteed minimum rate of interest that is determined annually. Participants may also earn interest in addition to the guaranteed rate at the discretion of TIAA. Such discretionary interest, if any, is declared by TIAA on a year-by-year basis and remains in effect for the subsequent twelve-month "declaration year".

Contributions to the Annuity accounts are grouped by TIAA into "vintages" comprised of premiums received over defined time periods of one or more contiguous calendar months. The interest crediting rate for each vintage is determined, in part, by the net investment earnings rate of the TIAA assets supporting that vintage, minus a charge for administrative expenses and an amount set aside for contingency reserves. Crediting rates are also determined by the performance of investments contained in TIAA's general account.

During the year ended December 31, 2021, the crediting rates of the annuity contracts range as follows:

	Range %
RCP	2.00% to 3.15%
RC	2.75% to 3.90%
RA	3.00% to 3.80%
GSRA	3.00% to 3.05%
SRA	3.00% to 3.05%

RA account balances may only be withdrawn over 10 annual payments. RC accounts allow withdrawals over 84 months or a lump sum withdrawal with a 2.5% surrender charge. RAs and RCs are not considered to be fully benefit-responsive investment contracts as defined by ASC 962, because this provision is considered to restrict participants' "reasonable access" to their contract balances.

SRAs, GSRAs, and RCPs are considered fully benefit-responsive investment contracts, because they are fully liquid and immediately cashable once a participant terminates employment with the Employer (unless they are pledged as collateral on Contract Loans) and are therefore reported at contract value. Contract value equals the accumulated cash contributions and interest credited to the Plan's contracts, less withdrawals.

5. Party-in-Interest Transactions

The Plan's investments are managed by TIAA and CREF; therefore, investment transactions with TIAA and CREF qualify as party in interest transactions as defined by ERISA. Any transactions involving these investments are executed on the open market at fair market value. TIAA issues loans to participants in which the vested balance of the participants' accounts is used as collateral. Consequently, such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party in interest transactions under ERISA.

Tax-Deferred Annuity Plan

Notes to the Financial Statements

6. Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the assets of the Plan would be distributed to the participants and beneficiaries of the Plan based on their account balances in the order provided by ERISA.

7. Tax Status

The plan sponsor adopted the pre-approved ERISA 403(b) Volume Submitter Plan document on May 28, 2019 with an effective date of January 1, 2010. The standardized plan received a favorable opinion letter from the IRS on August 7, 2017, stating that the written form of the underlying standardized plan document is qualified under Section 403(b) of the Internal Revenue Code ("Code") and that any employer adopting the standardized plan is considered to have a qualified plan under the Code and qualify as exempt from taxation. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Concentrations, Risks and Uncertainties

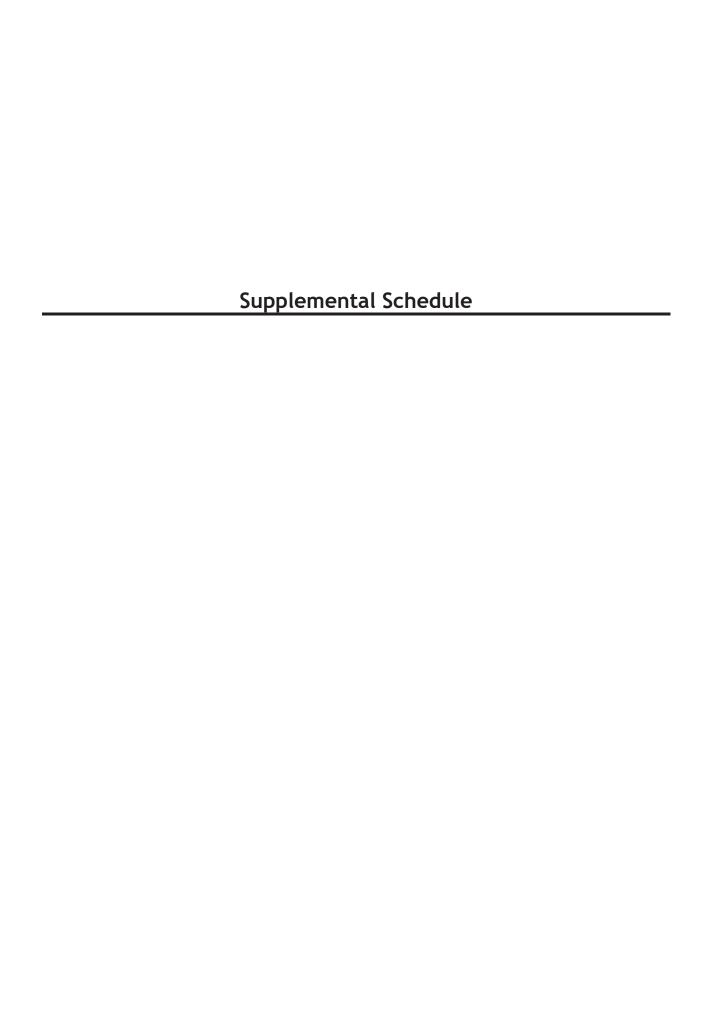
The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

The macroeconomic impacts stemming from the conflict in Ukraine, and the potential impact and duration of the COVID-19 pandemic, continuing supply chain issues and rising inflation has continued to cause volatility in the markets. Any future impact on investments or the Plan remains uncertain.

Investments in the TIAA Traditional Benefit-Responsive Annuity and CREF Stock represented 24% and 21% at December 31, 2021, respectively, and 25% and 20% at December 31, 2020, respectively, of the Plan's total investments.

9. Subsequent Events

Plan management has evaluated subsequent events through September 8, 2022, which is the date the financial statements were available to be issued. There were no events or transactions discovered during the evaluation that require recognition or disclosure in the financial statements.



Brigham Young University Tax-Deferred Annuity Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021

EIN: 87-0217280 Plan Number: 002 (a) (d) (b) (c) (e) Identity of Issuer, Description of Investment including Borrower, Lessor or Maturity Date, Rate of Interest, Cost** **Current Value** Similar Party Collateral, Par or Maturity Value **Registered Investments:** \$ **CREF CREF Stock** 45,739,433 **CREF CREF Money Market** 2,183,849 **CREF CREF Social Choice** 7,372,173 **CREF CREF Bond Market** 6,086,403 **CREF CREF Global Equities** 9,044,546 **CREF CREF Growth** 13,899,259 **CREF CREF Equity Index** 12,258,108 **CREF** CREF Inflation-Linked Bond 2,596,211 TIAA-CREF TIAA-CREF Eq Index-Rtmt 2,330,469 TIAA-CREF TIAA-CREF Gr & Inc-Rtmt 851,084 TIAA-CREF TIAA-CREF Intl Eq Idx-Rtmt 4,510,478 TIAA-CREF TIAA-CREF Intl Eq-Rtmt 1,968,853 TIAA-CREF TIAA-CREF Lfcyle Rtmt Inc-Rtmt 131,227 **TIAA-CREF** TIAA-CREF Lg-Cap Gr Idx-Rtmt 1,527,631 TIAA-CREF Lg-Cap Val Idx-Rtmt TIAA-CREF 1,968,811 TIAA-CREF TIAA-CREF Lg-Cap Val-Rtmt 667,621 **TIAA-CREF** TIAA-CREF Lifecycle 2010-Rtmt 1,558,185 **TIAA-CREF** TIAA-CREF Lifecycle 2015-Rtmt 343,367 TIAA-CREF TIAA-CREF Lifecycle 2020-Rtmt 1,574,659 TIAA-CREF TIAA-CREF Lifecycle 2025-Rtmt 1,684,261 **TIAA-CREF** TIAA-CREF Lifecycle 2030-Rtmt 1,113,766 TIAA-CREF TIAA-CREF Lifecycle 2035-Rtmt 500,549 TIAA-CREF TIAA-CREF Lifecycle 2040-Rtmt 676,055 TIAA-CREF TIAA-CREF Lifecycle 2045-Rtmt 387,668 TIAA-CREF TIAA-CREF Lifecycle 2050-Rtmt 55,934 TIAA-CREF TIAA-CREF Lifecycle 2055-Rtmt 8,932 TIAA-CREF Mid-Cap Gr-Rtmt 517,995 TIAA-CREF 223,417 TIAA-CREF TIAA-CREF Money Market-Rtmt TIAA-CREF TIAA-CREF Real Est Secs-Rtmt 3,273,204 TIAA-CREF TIAA-CREF S&P 500 Idx-Rtmt 3,274,070 TIAA-CREF TIAA-CREF Sm-Cap Bl Idx-Rtmt 1,655,239 TIAA-CREF TIAA-CREF Qt Sml Cap Eq Rtmt 658,661 TIAA-CREF TIAA-CREF Social Ch Eq-Rtmt 3,079,967 Delaware Emerging Markets R6 Delaware 73,779 John Hancock John Hancock Discip V Md Cp R6 1,107,528 TIAA-CREF Lifecycle 2060-Rtmt TIAA-CREF 121,460 135,024,852 **Total Registered Investments** \$

Continued.

^{**} The cost of participant-directed investments is not required to be disclosed.

^{*} A party-in-interest as defined by ERISA.

Brigham Young University Tax-Deferred Annuity Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021

				FINI- 8	37-0217280
					Number: 002
(a)	(b)	(c)	(d)	(e)	
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost**	Curre	ent Value
Fixed	d Annuity Contracts:				
	TIAA	Traditional Benefit Responsive			51,636,360
* -	TIAA	Traditional Benefit Responsive 2			320
* -	TIAA	Tradditional Benefit Responsive- Plan Loan	Default Fund		49,714
* -	TIAA	Traditional Non-Benefit Responsive			23,995,081
-	Total Fixed Annuity Cont	racts			75,681,475
Poole	ed Separate Account:				
* -	TIAA	TIAA Real Estate			8,183,655
Tota	l assets (held at end of ye	ear)		\$	218,889,982

^{**} The cost of participant-directed investments is not required to be disclosed.

^{*} A party-in-interest as defined by ERISA.

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

> ▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2021

Pensio	n Benefit Guaranty Corporation				Inspection	ublic
Part I		ification Information				
or caler	ndar plan year 2021 or fiscal pl	an year beginning 01/01/	2021	and ending 12	/31/2021	,
	eturn/report is for:	a multiemployer plan a single-employer plan the first return/report		mployer information in acc	g this box must attach a list of cordance with the form instruction	ons.)
		an amended return/report	a short plan ye	ar return/report (less than		
If the	plan is a collectively-bargained	plan, check here		• • • • • • • • • • • • • • • • • • • •		
		orm 5558 pecial extension (enter descript			the DFVC program	
		permitted by SECURE Act sect				
Part II	Basic Plan Information of plan	on—enter all requested inform	ation		1b Three-digit plan	
		sity Tax-Deferred A	nnuity Plan		number (PN)	002
		•	•		1c Effective date of po 09/01/1954	lan
Mail		for a single-employer plan) , suite no. and street, or P.O. Bo ntry, and ZIP or foreign postal co		uctions)	2b Employer Identification Number (EIN) 87-0217280	ation
BR	GHAM YOUNG UNIVERS	SITY			2c Plan Sponsor's tel number 801-422-3861	ephon
	240 ASB	TT 04602			2d Business code (se instructions) 611000	e
PRO	000	T 84602				
Caution	: A penalty for the late or inc	omplete filing of this return/re	port will be assessed	uniess reasonable caus	e is established.	
		nalties set forth in the instruction the electronic version of this re				
SIGN	Stilta		9/12/22	Steven J Hafen		
	Signature of plan administr	ator	Date	Enter name of individua	al signing as plan administrator	
SIGN						
	Signature of employer/plan	sponsor	Date	Enter name of individua	al signing as employer or plan sp	oonsor
SIGN		- The state of the				
	Signature of DFE		Date	Enter name of individua	I signing as DFE	

	Form 5500 (2021)	Page 2		
3a	Plan administrator's name and address 🗵 Same as Plan Sponsor		3b Administrat	or's EIN
			3c Administrat	or's telephone
4	If the name and/or EIN of the plan sponsor or the plan name has changed s	since the last return/report filed for this plan	4b EIN	
7	enter the plan sponsor's name, EIN, the plan name and the plan number from	om the last return/report:		
c	Sponsor's name Plan Name		4d PN	
5	Total number of participants at the beginning of the plan year		5	7,578
6	Number of participants as of the end of the plan year unless otherwise state 6a(2), 6b, 6c, and 6d).	ed (welfare plans complete only lines 6a(1),		
a(1) Total number of active participants at the beginning of the plan year		6a(1)	6,717
a(2) Total number of active participants at the end of the plan year		6a(2)	6,755
b	Retired or separated participants receiving benefits		6b	O
С	Other retired or separated participants entitled to future benefits		. 6c	960
d	Subtotal. Add lines 6a(2), 6b, and 6c		. 6d	7,715
е	Deceased participants whose beneficiaries are receiving or are entitled to r	receive benefits.	. 6e	23
f	Total. Add lines 6d and 6e		. 6f	7,738
g	Number of participants with account balances as of the end of the plan yea complete this item)		. 6g	1,284
h	Number of participants who terminated employment during the plan year w		. 6h	(
7	Enter the total number of employers obligated to contribute to the plan (only	y multiemployer plans complete this item)	. 7	
b	If the plan provides pension benefits, enter the applicable pension feature of 2F 2G 2L 2M If the plan provides welfare benefits, enter the applicable welfare feature of	odes from the List of Plan Characteristics Code	es in the instructio	
9a	Plan funding arrangement (check all that apply) (1) X Insurance	9b Plan benefit arrangement (check all the (1) X Insurance	nat apply)	
	(1) X Insurance (2) Code section 412(e)(3) insurance contracts	(2) Code section 412(e)(3)) insurance contra	cts
	(3) X Trust	(3) X Trust		
40	(4) General assets of the sponsor	(4) General assets of the		
10	Check all applicable boxes in 10a and 10b to indicate which schedules are		iber attached. (S	ee instructions)
8	Pension Schedules	b General Schedules	-matian)	
	(1) X R (Retirement Plan Information)	(1) A (Financial Info		an)
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan	(2) I (Financial Infor		an)
	actuary	(4) X C (Service Provide		
			Car Dia Latera	
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5) X D (DFE/Participa	ting Plan Informat	ion)

Dage 2

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
	plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 101-2.)
	s" is checked, complete lines 11b and 11c.
11b Is the	plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)
Recei	the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the pt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid pt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)
Rece	ipt Confirmation Code

Page 3

Form 5500 (2021)

Schedule H, Line 4i Schedule of Assets (Held At End of Year)

Name of Plan:

► Brigham Young University Tax Deferred Annuity Plan

Employer Identification Number:► 87-0217280

For plan year (beginning/ending): ► 1/1/2021 to 12/31/2021 Plan number: ► 002

				1	
		(c) Description of investment including maturity date, rate			
(a)	(b) Identity of issue, borrower, lessor, or similar party	of interest, collateral, par or maturity value	(d) Cost	(e)	Current value
*	College Retirement Equities Fund variable annuities	Plan Loan Default Fund		\$	49,714.36
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive		\$ 5	51,636,361.88
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive 2		\$	319.77
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2060-Rtmt		\$	121,460.01
*	College Retirement Equities Fund variable annuities	CREF Stock R2		\$ 4	15,559,988.14
*	College Retirement Equities Fund variable annuities	CREF Money Market R2		\$	2,183,849.38
*	College Retirement Equities Fund variable annuities	CREF Social Choice R2		\$	7,372,172.83
*	College Retirement Equities Fund variable annuities	CREF Bond Market R2		\$	6,086,402.97
*	College Retirement Equities Fund variable annuities	CREF Global Equities R2		\$	9,013,345.50
*	College Retirement Equities Fund variable annuities	CREF Growth R2			13,899,259.36
*	College Retirement Equities Fund variable annuities	CREF Inflation-Linked Bond R2		\$	2,563,510.43
*	College Retirement Equities Fund variable annuities	CREF Equity Index R2			12,258,107.53
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2010-Rtmt		\$	1,558,184.83
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2015-Rtmt		\$	343,366.77
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2020-Rtmt		\$	1,574,658.52
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2025-Rtmt		\$	1,684,260.81
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2030-Rtmt		\$	1,113,766.09
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2035-Rtmt		\$	500,549.07
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2040-Rtmt		\$	676,054.61
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2045-Rtmt		\$	387,668.17
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2050-Rtmt		\$	55,933.99
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lfcyle Rtmt Inc-Rtmt		\$	131,227.02
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive			23,995,078.92
*	College Retirement Equities Fund variable annuities	TIAA Real Estate		\$	8,183,655.21
*	College Retirement Equities Fund variable annuities	CREF Stock R1		\$	179,446.28
*	College Retirement Equities Fund variable annuities	CREF Global Equities R1		\$	31,199.63
*	College Retirement Equities Fund variable annuities	CREF Inflation-Linked Bond R1		\$	32,701.48
*	College Retirement Equities Fund variable annuities	TIAA-CREF Gr & Inc-Rtmt		\$	851,083.51
*	College Retirement Equities Fund variable annuities	TIAA-CREF Intl Eq-Rtmt		\$	1,968,852.69
*	College Retirement Equities Fund variable annuities	TIAA-CREF Intl Eq Idx-Rtmt		\$	4,510,478.26
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lg-Cap Gr Idx-Rtmt		\$	1,527,630.70
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lg-Cap Val-Rtmt		\$	667,621.14
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lg-Cap Val Idx-Rtmt		\$	1,968,811.51
*	College Retirement Equities Fund variable annuities	TIAA-CREF Mid-Cap Gr-Rtmt		\$	517,994.68
*	College Retirement Equities Fund variable annuities	TIAA-CREF Real Est Secs-Rtmt		\$	3,273,204.02
*	College Retirement Equities Fund variable annuities	TIAA-CREF Sm-Cap BI Idx-Rtmt		\$	1,655,238.47
*	College Retirement Equities Fund variable annuities	TIAA-CREF Qt Sml Cap Eq Rtmt		\$	658,661.08
*	College Retirement Equities Fund variable annuities	TIAA-CREF Social Ch Eq-Rtmt		\$	3,079,966.51
*	College Retirement Equities Fund variable annuities	TIAA-CREF S&P 500 Idx-Rtmt		\$	3.274.070.50
*	College Retirement Equities Fund variable annuities	TIAA-CREF Money Market-Rtmt		\$	223,417.20
*	College Retirement Equities Fund variable annuities	TIAA-CREF Eq Index-Rtmt		\$	2,330,469.21
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2055-Rtmt		\$	8,932.26
	College Retirement Equities Fund variable annuities	Delaware Emerging Markets R6		\$	73,778.85
	College Retirement Equities Fund variable annuities	John Hancock Discip V Md Cp R6		\$	1,107,527.94
	Total			\$	218,889,982
				<u> </u>	_10,000,002